

South Carolina Department of Insurance



1201 Main St., Ste. 1000
Columbia, South Carolina 29201
Mailing Address:
Post Office Box 100105
Columbia, South Carolina 29202

BROKER'S QUARTERLY PREMIUM TAX PAYMENT

Broker's Social Security Number or Individual License Number _____

Broker's Name _____

Street _____

City _____ State _____ Zip Code _____

I do certify that check number _____ in the amount of \$ _____
is for the **4% Broker's Tax** on premiums for policies of companies not licensed in South
Carolina (endorsements included) for the quarter ended _____.

Signature of Broker _____

Telephone Number _____

Contact Person if Other Than Broker _____

Telephone Number _____

**PAYMENT MUST BE MADE WITHIN THIRTY (30) DAYS OF CLOSE OF
EACH QUARTER, DUE APRIL 30, JULY 30, AND OCTOBER 30. THE YEARLY
BROKER'S PREMIUM AND TAX RETURN IS DUE JANUARY 30.**